

## INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT OFFICE OF AIR MANAGEMENT

Form BB-2

## **Mechanical Blasting**

1.		
Identification of blasting equipme	nt	
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2.	T	T
Media	Media density	Blast rate
	(lb/ft³)	(lbs/hr)
3.		
Particulate control device type	Particulate control device ID	At the inlet and outlet provide the
The second secon		particulate control device's grain
		loading (gr/dscf) or (lb/dscf)*
4.		
Is the blasting open or		
enclosed?		

<sup>\*</sup> Please indicate units used.